



Incident Report

Print Date/Time: 11/01/2016 15:18
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020836

Incident Date/Time: 10/19/2016 5:05:00 PM
Location: 412 97TH DR NE 16
LAKE STEVENS WA 98258
Phone Number: (425) 404-3605
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D4	SS0142-Bassett

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MACFARLAND, ANN MARIE	412 97TH DR NE Lake Stevens WA 982581620	(425) 397-7883	White	Female	05/12/1938

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2014	Mazda	MAZDA2		BAY4761	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

10/19/2016 : 17:06:41 SP0422 Narrative: AA

10/19/2016 : 17:06:21 SP0297 Narrative: CC, COLD HIT AND RUN TO PARKED. LR297



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-20836VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>MacFarland Ann Marie</u>	RACE <u>WH</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>5-12-38</u>	AGE <u>78</u>	HGT <u>S</u>	WGT <u>160</u>	HAIR <u>Blond</u>	EYES <u>Blue</u>
STREET ADDRESS <u>472 97th DR N.E. #16</u>			CITY <u>LK. Stevens</u>		STATE <u>WA.</u>		ZIP <u>98258</u>		
HOME PHONE <u>(253)-404-3605</u>		CELL PHONE <u>None</u>			WORK PHONE <u>None</u>				
EMAIL ADDRESS (OPTIONAL) <u>snaw75@comcast.net</u>					PLACE OF EMPLOYMENT <u>Ret. Red</u>				

STATEMENT:

ON October 19th 2016 at 2:00 to 3:00 PM I came outside & noticed my parked car has a Dent in Driver's Side Door located at Bottom of Door. I Did NOT See it happen or hear the noise of the car being hit. Large Dent on Bottom & Dent above that Dent.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Ann Marie MacFarland</u>	DATE SIGNED: <u>10-19-2016</u>
OFFICER/NUMBER: <u>142</u>	DATE SIGNED: <u>10/19/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

LAKE STEVENS POLICE DEPARTMENT**FOLLOW-UP / ROUTING SHEET**

		CASE NUMBER 16-20836
MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE 10/23/16
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

OFFICER / DETECTIVE REQUEST		
<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE		<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)		<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT:		BY:

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

CASE CLOSED	
<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR P. B. 142	DATE SIGNED 10/23/16
SERGEANT APPROVAL C. Christ 125	DATE SIGNED 10/23/16

RECORDS DATA ENTRY	ADDITIONAL PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:			DATE:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E600768**CASE # **2016-00020836**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **10** - **19** - **2016** **1400** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**97TH DR NE**BLOCK NO. ☒
MILE POST**412**

DISTANCE

50**00**

MILES

☒ N ☒ E☒ S ☐ W

OF (REFERENCE OR CROSS STREET)

4TH ST NE

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYY**05****12****1938**ON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9HELMET
USE**9**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

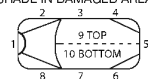
VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **UNKNOWN UNKNOWN LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

MACFARLAND

FIRST NAME

ANNMIDDLE
INITIAL**M**STREET
NEW ADDRESS**412 97TH DR NE APT 16**

CITY

LAKE STEVENS

ST

WA

ZIP

982581620

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #**MACFAAM620KK**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**05****12****1938**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

1

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**BAY4761**

STATE

WA

VIN#

JM1DE1KY3E0181176TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2014

MAKE

MAZD

MODEL

MAZDA2

STYLE

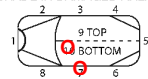
HBVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **ANN MACFARLAND 412 97TH DR NE LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**HARTFORD CASUALTY 55 PHK76825-389672**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

P. BASSETT #0142

BADGE OR ID #

0142

AGENCY

WA0311900

PAGE 01 OF 3

PART A 3000-345-159 R (7/06)


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E600768**CASE # **2016-00020836**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit 2 was legally parked and unoccupied in an apartment complex parking lot. Unit 1 struck Unit 2 and left the scene without stopping and exchanging information. Unit 1 driver and owner are unknown.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

P. BASSETT #0142
10-23-16 08:54 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

10/26/2016 9:39:16 PM

BADGE OR ID #	0142	ORI #	WA0311900	TIME POLICE DISPATCHED	5:06 PM	TIME POLICE ARRIVED	5:25 PM
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REPORT NO. E600768

CASE # 2016-00020836

DATE AND TIME
OF COLLISION 10/19/16 14:00

